AUTHORIZATION FORM FOR ELECTRONIC SUBMITTAL OF DATA CREATING CONSULTANTS AS AUTHORIZED RP AGENTS

DO NOT fax the form to us unless you hav To request the site online: log onto your a Facilities", find the site (be sure to write i the right), click in the "ADD" box, and th	ccount, click on "Request Additional its Global ID on this form in the box to	FACILITY GLOBAL ID #:	
SITE OWNER, OPERATOR, OR RE	*	ADDRESS:	
FACILITY/ LEAK SITE ADDRESS	: CITY	STATE	ZIP CODE
The above identified person	does hereby appoint:		
DESIGNATED AUTHORIZED REP	PRESENTATIVE NAME:		
COMPANY NAME:			
COMPANY ADDRESS	CITY	STATE	ZIP CODE
To obtain on-line access to a identified above.	facility for the electronic subn	nittal of analytical and surv	vey information pertaining to the site
			ative to certify that the applicable ornia Code of Regulations, have and

will be complied with.

I hereby agree and further authorize the above-named designated authorized representative to allow to other persons who

have collected for the above-identified site to use the password to electronically submit data to the SWRCB GeoTracker

This Authorized Representative Designation shall become effective on the date of execution and shall remain in effect until terminated, in writing, by the above-named responsible person.

EXECUTED THIS DAY OF		
AT	-	
OWNER/OPERATOR OR RP SIGNATURE	AUTHORIZED REPRESENTATIVE SIGNATURE	
OWNER/OPERATOR OR RP NAME	AUTHORIZED REPRESENTATIVE NAME	
PHONE NUMBER	PHONE NUMBER	

If you don't have a Geotracker account you can apply via the login page at:

https://esi.waterboards.ca.gov/ab2886/

Request your facility online and then FAX or mail the completed form to the address at right.

FAX (or Mail) to: Hamid Foolad FAX (916) 341- 5808 Voice (916) 341- 5791 SWRCB P.O. Box 2231 Sacramento, CA 95812